

Dressing Surface Wounds

Susan Hedges : Unitec Institute of Technology, New Zealand

ABSTRACT

This paper suggests that the interior is a space that may become contorted, immolated, wounded, dissected, intestinally revealed and impaled through the course of its history. Through a discussion of a late-nineteenth century lunatic asylum constructed in Auckland and a series of instructional drawings for the aseptic treatment of wounds, the building's surface is seen as a physical wound that sags, wrinkles, weeps and fails to support its own weight. Through an investigation of the wrapping principles of bandages, the exposure and covering of wounds, this paper explores attempts to cover, heal and support the 'wound' of an interior.

Skin is not hide nor covering, camouflage, uniform, adornment. It is a surface of exposure, zone of susceptibility, of vulnerability, of pain and abuse.¹

Skin can be seen as a border defining within from without, a protective frontier; an envelope of flesh, the body's armour. An interface of pains and pleasures, skin is both armament and armour. As equally as the skin can blush, blanch or sweat it is also susceptible to wounding. Architectural historian Anthony Vidler, in his book *The Architectural Uncanny: Essays in the Modern Unhomely*, writes that building 'is a body of some kind and that the environment as a whole is endowed with bodily or at least organic characteristics.'² Like the body, a building may become contorted, immolated, wounded, dissected, intestinally revealed and impaled. Through a discussion of a series of instructional drawings from Carl W. Walter's *The Aseptic Treatment of Wounds: (Macmillan Surgical Monographs)*, this paper intends to discuss the wrappings of a nineteenth century asylum, now a technical institute, as its unsightly surfaces slowly shift into ruin.³

For the body, a bandage or clothing can be seen as a wrapping that has the ability to cover or heal a wound through dressing. In this light, does a wounded space need to be ordered, clipped and slotted with edges free of distorting smears? Architect Marco Frascari uses the body metaphor to discuss the city as a '... poorly organised body, patched up by means of mechanistic and functional prostheses and organs transplanted to improper sites, a monstrous metaphor conceived ...'⁴ Like the methods of applying ointment, binding or plastering a leg, do these acts of smearing or impasto cover cracks, and prevent the surface from splintering further? Like a physical wound, a built surface can wrinkle, sag, weep and fail to support its own weight in a joint. If the wound is not healed will the surface be able to hold back the outside? What of infection?

Through an investigation of a series of instructional drawings that show the step-by-step principles of bandages, the exposure and covering of wounds, this paper will explore the attempts to cover, heal, and support a building's abrasions, the unsightly, unbecoming

surfaces of a nineteenth century asylum that requires 'the prompt and kindly healing of wounds.'⁵

This paper asks what is the essence of these wrappings before the body? What of the creases and the folds that speak of the absence of the body that wears it? The flat surface of the textile spread over the table, unbound, about to be. Through a series of drawn instructions, the methods of wrapping, supporting and healing of bodily wounds also speak of not just the surface but also the cut, stitch and fold. The accumulations of hidden edges, axes of symmetry, gridlines, facing lines, fold lines, strap lines and associated numerical values on patterns and instructions that beckon to the emergence of a human figure. Processes that take place from a flat surface to a bodily covering through pointed moves, the dressing of wounds is discussed in terms of crumbling chimneys and mouldy stairwells. Architecture's repurposing of a nineteenth century mental asylum as a teaching institution in one sense surveys architecture's encounter with death, decline, and ruination. The building's suppuration, close scrapes, wound infection, hospital gangrene, amputations and successful resuscitations, the scourges of surgery become the evidence of a building under failure. The surface wounds become a site for dressing the fold, pleat, wrap, patch, and plaster in an attempt to disguise, expose, and support the crumbling surfaces of its interior and exterior.

THE INSTITUTION

In 1865 (circa) the Auckland Mental Hospital was established on the Carrington/Oakley site in Auckland and named Whau Lunatic Asylum (currently designated Unitec Institute of Technology, Building One).⁶ (Figure 1). The hospital, built on Carrington Road, designed by architect Charles E. Beatson and constructed under the supervision of James Wrigley, was one of the largest public buildings in the early colonisation of Auckland. Gutted in a fire in 1877, the building was reconstructed without any change to its long regular façade, the massing of the building following a Georgian tradition but with brickwork banding the façades in different colours, placing the building firmly in the Victorian tradition.⁷

Whau Lunatic Asylum, a Historic Places Category I building, is constructed of brick masonry; bluestone foundations, cellars and timber-framed roofs with concrete tiles or corrugated steel cladding.⁸ In 1985 the building was noted as having a relatively high seismic risk, with many of those risks being related to the architecture of the building including its multiple brick chimneys. Noted in the *Weekly News* in 1881, '... the ten chimneys are very handsomely and tastefully built of ornamental brickwork and moulded capping of Hobart Town Stone ... with red courses underneath it, and yellow black dentils with gothic shafts and splayed angles of brick corresponding with the main building.'¹⁰



In 1992 the Auckland Area Health board closed the hospital and there was a gradual transition from a psychiatric hospital to a design school. During the early years patients still returned to the buildings, while students were learning in nearby classrooms.¹¹ In 1994 the building was re-opened as Unitec Institute of Technology.

Early nineteenth century asylum architecture underwent key changes; buildings were viewed as therapeutic instruments in themselves where architecture went beyond the purely social function of segregating and securing inmates from the community.

Above
Figure 1: Whau Lunatic Asylum, Carrington Road, Mt Albert, Auckland, [ca 1890s]
Ref: 1/4-034414-G, Daniel Manders Beere Collection, Alexander Turnbull Library,
Wellington, New Zealand. <http://natlib.govt.nz/records/23206218>

The institution was one of the first asylums to integrate family members as part of the therapeutic practices and also one of the first to keep notes on patients instead of just holding them from society. Despite the changes, what resulted was an architecture that mirrored prisons in which the cell was a major invention and constant surveillance an easily achieved possibility. The cellular unit allowed for segregation, classification and insulation of inmates – an institutional monolith.¹²

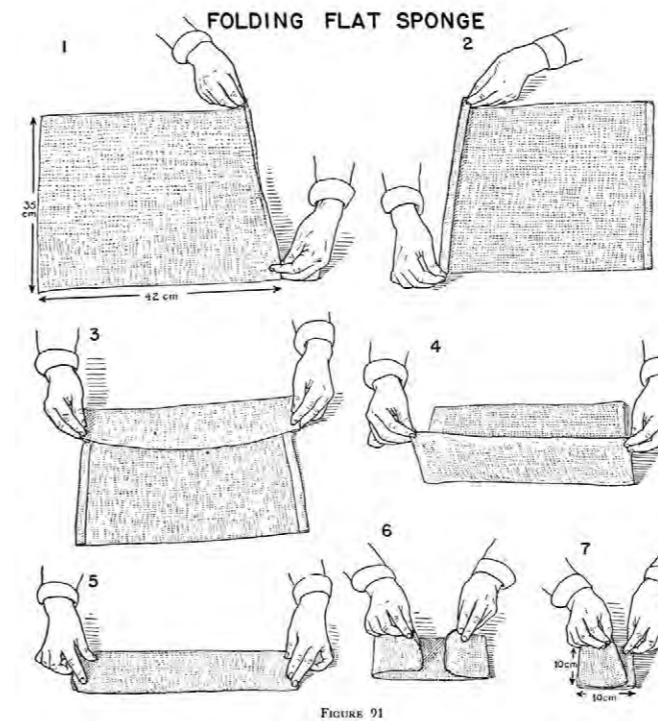
The institution contained communal rooms, padded cells and inspection windows. The interiors found in asylums were '...like hotels, were hybrid spaces: private in the sense that they were open only to a select minority, but public in that they housed large unrelated and transitory populations.¹³ The building's activities were segregated according to sex, with separate wings for women and men; the building's layout was a custodial design for psychiatric care, designed to keep people in.

According to the conservation plan by the Auckland firm Salmon Architects, exterior features, which contribute to the cultural significance of the building, including the chimneys, ventilators and cast iron rainwater goods are to be considered features of exceptional significance.¹⁴ The document recognised the constraints arising out of the cultural significance of the building including the structural upgrade of elements that did not meet minimum strength levels, and that only such elements as chimneys are likely to require attention.¹⁵ The document remarks:

Replacement of significant original parts of the building with new material is warranted only where: stabilization of the existing material has been unsuccessful or the original material is structurally unsound, or does not perform to its intended function, or is a hazard. The deterioration in the building should be arrested and their re-occurrence prevented.¹⁶

The masonry exterior is predominantly yellow brick with contrasting bands and stringcourses of red brick; the building appears to slowly slip into an unsightly decay. Ceilings are home to possums, rats and cats; the heavy masonry, like any building, slowly shifting on a moving terrain. Cracks, leaks, and scars of past

occupation all contribute to the unbecoming surface wounds on the Victorian building. Mould, plants, insects and animals fill the interstices, alongside internal spaces that are designed to keep people in and separated rather than work as teaching spaces. Remedies, patches and wrappings have become integrated into the building's fabric, a somewhat temporary surface attention to wounds (Figure 2).



WRAPPINGS

The Aseptic Treatment of Wounds is a volume that practices the absence of bacteria, viruses and microorganisms, methods that are scientific, technologic and practical for the destruction of bacteria by chemical and physical agents in surgical environments¹⁷ (Figure 3). Heat sterilisation for equipment in the operating theatre, usefulness of chemical disinfectants for sterilisation of skin and instruments, the design and packaging of surgical kits, the treatment of skin and personnel, the control of airborne infection, the draping of patients and the wearing of correct apparel are shown in a 'clear and orderly fashion, illustrated by a profusion of excellent line drawings.¹⁸ A series of illustrated instructions that attempt 'to correlate the knowledge and effort of all who contribute toward the aseptic treatment of wounds,' present scientific data, and describe various techniques, geared towards all who enter operating rooms or surgical suites. A

reviewer notes that 'the concern which the author displays for the preservation of the life of materials and instruments will be welcomed by the hospital administrator.'¹⁹

Drawings describe techniques employed at the Peter Bent Brigham Hospital in Boston, Massachusetts. *The Aseptic Treatment of Wounds* was written primarily to serve as a text for medical courses in surgical techniques and was hoped to enable 'manufacturers, salesmen, architects, trustees, administrators, contractors and craftsmen such as plumbers, steam fitters or electricians, to orient their contributions to the care of the patient and make them realise their grave responsibility for their safety.'²⁰

Numerous adventures in hospitals where postoperative infection and sepsis presented problems broadened its scope. Even within one hundred miles of Boston, hospitals were visited where instruments were not sterilized routinely between cases; where the chamber of a steam sterilizer had never been connected to the steam supply; where waterproof duck was used as sterilizing wrappers, where the dry goods frequently burst into flame as they were withdrawn from the sterilizer; where the superintendent's hero was an orderly who "sterilized" twice as much dry goods in half the time usually needed by the nurses by simply pushing the packages through a double ended autoclave into the "sterile" supply room.²¹

The illustrations and diagrams show basic principles of the care of wounds and attempt to clarify technical points. Hands direct the folds for the draping for technical equipment and precise measurements to keep sterile fingers and instruments off unsterile surfaces. Like architectural drawing, these sets of instructions attempt to construct a bodily covering. Frascari writes '... cartesian technology provides a set of prescriptions and specifications for transforming the man-made environment – originally fashioned by poetic images – into prosaic visualizations.'²² For the covering and healing of a building of somewhat questionable history, perhaps: 'Such a bundle may also be wrapped in a muslin wrapper and sterilized for convenience in supplying additional sponges for a long or bloody procedure.'²³

Opposite

Figure 2: West wing stairwell, Unitec Institute of Technology, Carrington Road, Mount Albert, Auckland. ©Photo: Author, 2013.

Above

Figure 3: Folding Flat Sponge, Carl W. Walter, *Aseptic Treatment of Wounds* (Macmillan Surgical Monographs) 1948.

THE INFECTED AND DISEASED

The history of Oakley Hospital, now a technical design school, contaminated by time, weather, occupation and neglect, can be seen as a crumbling remnant tainted somewhat by its former function and associations. Unsightly stains, the fetid remains of night time occupants as they scamper across empty floors, the slow intrusion of weather and water leaving its mark on fresh paint all adding to the unsightly appearance of what was once one of the largest buildings in Auckland. In one light the building's unbecoming or decline can be seen as an infection from its difficult history²⁴ (Figure 4). The visible presence of the building's past is present in the contrast between its previous use – the role it was specifically designed for – and its new function.

The processes of the flat pattern and its instructions, the unfolded fabric and the intrusion of the subject appear to announce, by pointed moves, the gradual union of material and form. The reciprocity between the instruction, the body, the building and material where the instruction is seen as a finished bandage and the finished bandage is working instruction, the end of one marks the appearance of another. The buildings failing construction evidenced by the tightly wrapped chimneys, plastic binding suffocating the wound from further infection. Water slowly trickles into the building despite the bandages and plasters: 'a kind of architectural disease, not unlike the eruptions of the skin,'²⁵ materialises and slowly covers surfaces within the interior.

Somewhat futile attempts to cleanse the building of its old associations have not arrested the building's decline as it sags, peels and frays; cracked walls and mould at the edge of sashes suggest more serious structural faults. Wrapped chimneys forecast dramatic failure. The structural health of the building, peeling paint and mouldy plaster can be seen as 'a dangerous rupture'²⁶ in the maintenance of its seams. The veneer of the learning space is subsumed by the horror myth of the asylum. Mould reverts the site to the uncanny.

As the building slowly unravels its future is uncertain. The restrictions of a Category I historic listing make for a costly renovation in today's economic environment. Its current state falls into dereliction, a slide towards ruin or perhaps a signal toward something untimely. Wrapping, bandages and splints begin to cover the building's exterior, moving ever inwards as attempts are made to halt its slow process of decay. Chimneys are wrapped, walls are re-plastered and a fresh coat of paint is applied each year (Figure 5). Author Janet Frame, a former patient of the hospital, writes:

... that he is our red cross god who will provide us with ointment and bandages for our wounds and remove the foreign ideas, the glass beads of fantasy, the bent hairpins of unreason embedded in our minds. On all the doors which lead to and from the world they have posted warning notes and lists of safety measures ... when the earth opens and the chimneys topple, run out beneath the sky ...²⁷



Above left
Figure 4: Wrapped chimney, Unitec Institute of Technology, Carrington Road, Mount Albert, Auckland. ©Photo: Author, 2013.

Above right
Figure 5: Wrapped chimneys, Unitec Institute of Technology, Carrington Road, Mount Albert, Auckland. ©Photo: Author, 2013.

NOTES

1. Alfonso Lingis, *Deathbound Subjectivity: Studies in Phenomenology and Existential Philosophy*, (New York: State University of New York, 1989), 138.
2. Anthony Vidler, *The Architectural Uncanny: Essays in the Modern Unhomely*, (Cambridge: MIT Press, 1992), 70. See also George Dodds, Robert Tavernor, eds. *Body and Building: Essays on the Changing Relation of Body and Architecture*, (Cambridge: MIT Press, 2001).
3. Carl W. Walter, *The Aseptic Treatment of Wounds: Macmillan Surgical Monographs*, (New York: The Macmillan Company, 1948).
4. Marco Frascari refers to Post Modern architect, Leon Krier in Marco Frascari, "A New Corporeality of Architecture," *JAE: Journal of Architectural Education* 40, no. 2 (1987): 22.
5. Walter, *The Aseptic Treatment of Wounds*.VI.
6. New Zealand Historic Places Trust, "Carrington Hospital (Former), 1 / 1-144/1 Carrington Road, Point Chevalier, Auckland", <http://www.historic.org.nz/TheRegister/RegisterSearch/RegisterResults.aspx?RID=96> (accessed November 13, 2013).
7. Architecture Archive, The University of Auckland, "Lunatic Asylum at the Whau", http://magic.lbr.auckland.ac.nz/dbtwwpd/exec/dbtwpub.dll?BU=http%3A%2F%2Fmagic.lbr.auckland.ac.nz%2Fdbtwwpd%2Fgummer%2Fbasic.htm&QF0=RecordNumber&QI0=33987&TN=gummer&MR=30&RF=full&NP=3&AC=QBE_QUERY (accessed November 13, 2013)
8. Salmon Architects. *Former Carrington Psychiatric Hospital Avondale A Conservation Plan*, (Unitec Institute of Technology, Te Kura Puukenga o Wairaka, Registry of works, 1994).
9. *Ibid.*, 19.
10. *Weekly News*, January 15, 1881, 23, 28.
11. The name 'Carrington' was derived from the name of the boundary road and was used to honour a pioneer surveyor general in New Zealand, Frederick Carrington. Unitec Institute of Technology, Te Whare Wananga O Wairaka, "Our History", last modified January 6, 2012, http://www.unitec.ac.nz/aboutus/values/welcome-to-unitec/our-history/history_home.cfm
12. Carrington Hospital, 1/1-144/1 Carrington Road, Point Chevalier, Auckland, accessed July 30, 2013, <http://www.historic.org.nz/TheRegister/RegisterSearch/RegisterResults.aspx?RID=96>
13. Mary Guyatt, "A Semblance of Home: mental asylum interiors, 1880-1914," in *Interior Design and Identity*, ed. Susie McKellar and Penny Sparke, (Manchester: Manchester University Press, 2004), 53.
14. 'Items or spaces which should be preserved and protected at all costs. Only processes of maintenance, stabilization, restoration, reconstruction or reinstatement are appropriate for such features.' Salmon Architects. *Former Carrington Psychiatric Hospital Avondale A Conservation Plan*. (Unitec Institute of Technology, 1994), 41.
15. *Ibid.*, 54.
16. *Ibid.*, 57.
17. Walter, *The Aseptic Treatment of Wounds*.VI
18. John S. Lockwood, M.D. "Book Review: The Aseptic Treatment of Wounds, by Carl W. Walter M.D.," *Annals of Surgery* 127, no. 6 (1948): 1262.
19. *Ibid.*
20. Walter, *The Aseptic Treatment of Wounds*.VI.
21. *Ibid.*, VII.
22. Marco Frascari, "A 'Measure' In Architecture: A Medical-Architectural Theory by Simone Stratico Architetto Veneto." *RES* 9, Spring (1985): 81.
23. Walter, *The Aseptic Treatment of Wounds*, 116.
24. Graeme Brooker, "Infected Interiors: Remodelling contaminated buildings", *IDEA: Interior Designer / Interior Architecture Educators Association*, 7 (2006): 2
25. Nadia Wagner, "Miasmic Ruptures and the Fear of a Permeable Interior." Paper presented at the *IDEA*

- Symposium 2012, Interior: a State of Becoming*, Perth, Western Australia, Australia, 6-10 September 2012, accessed November 13, 2013, <http://idea-edu.com/symposiums/2012-interior-a-state-of-becoming/2012-symposium-proceedings-full-papers/>
26. Wagner, "Miasmic Ruptures and the Fear of a Permeable Interior," 2.
 27. Janet Frame, *Faces in the Water* (Christchurch: Pegasus Press, 1961), 9-10.